

PROFESSIONAL LICENSURE DIVISION[645]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Behavioral Science hereby gives Notice of Intended Action to rescind Chapter 30, "Administrative and Regulatory Authority for the Board of Behavioral Science Examiners," to amend Chapter 31, "Licensure of Marital and Family Therapists and Mental Health Counselors," Chapter 32, "Continuing Education for Marital and Family Therapists and Mental Health Counselors," and Chapter 33, "Discipline for Marital and Family Therapists and Mental Health Counselors," and to rescind Chapter 34, "Fees," Iowa Administrative Code.

These proposed amendments would update licensure and disciplinary requirements and remove language that has been added to the common chapters for the Bureau of Professional Licensure.

Any interested person may make written comments on the proposed amendments no later than November 12, 2008, addressed to Judy Manning, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; E-mail jmanning@idph.state.ia.us.

A public hearing will be held on November 12, 2008, from 9:30 to 10 a.m. in the Fifth Floor Board Conference Room, Lucas State Office Building, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

These amendments are intended to implement Iowa Code chapters 21, 147, 154D and 272C.

The following amendments are proposed.

ITEM 1. Rescind and reserve **645—Chapter 30**.

ITEM 2. Rescind and reserve rules **645—31.9(147)**, **645—31.13(147)**, **645—31.14(147)** and **645—31.15(17A,147,272C)**.

ITEM 3. Strike "board of behavioral science examiners" wherever it appears in **645—Chapter 31** and insert "board of behavioral science" in lieu thereof.

ITEM 4. Adopt the following new definitions in rule **645—31.1(154D)**:

"CCE" means the Center for Credentialing and Education, Inc.

"Temporary license" means a license to practice marital and family therapy or mental health counseling under direct supervision of a qualified supervisor as determined by the board by rule to fulfill the postgraduate supervised clinical experience requirement in accordance with this chapter. Temporary licensure will become effective for students entering a program of study after July 1, 2008, for licensure to practice marital and family therapy or mental health counseling.

ITEM 5. Amend rule 645—31.4(154D) as follows:

645—31.4(154D) Educational qualifications for marital and family therapists. The applicant must present proof of meeting the following educational requirements for licensure as a marital and family therapist:

31.4(1) Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of ~~45~~ 60 semester hours (or ~~60~~ 80 quarter hours or equivalent) or a doctoral degree in marital and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) from a college or university

accredited by an agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation; or

31.4(2) Content equivalent program. Applicants must present ~~with the application~~ an official transcript verifying completion of a master's degree of ~~45~~ 60 semester hours (or ~~60~~ 80 quarter hours or equivalent) or a doctoral degree in a mental health, behavioral science, or a counseling-related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation, which is content-equivalent to a graduate degree in marital and family therapy. After March 31, 2009, graduates from non-COAMFTE-accredited marital and family therapy programs shall provide an equivalency evaluation of their educational credentials by the Center for Credentialing and Education, Inc., (CCE) Web site <http://cce-global.org>. The professional curriculum must be equivalent to that stated in these rules. Applicants shall bear the expense of the curriculum evaluation. In order to qualify as a "content-equivalent" degree, a graduate transcript must document:

a. At least ~~three courses~~ 9 semester hours or the equivalent in each of the three areas listed below:
(1) to (3) No change.

b. At least ~~one course~~ 3 semester hours or the equivalent in each of the two areas listed below:

(1) Ethics and professional studies. Any course which deals primarily in areas such as professional socialization and the role of the professional organization; legal responsibilities and liabilities; independent practice and interprofessional cooperation; ~~ethics~~ ethical issues in marital and family counseling; and family law.

(2) Research. Any course which deals primarily in areas such as research design, methods, statistics; research in marital and family studies and therapy.

If the applicant has taught a graduate-level course as outlined above at a college or university accredited by an agency recognized by the United States Department of Education or the Council on Professional Accreditation, that course will be credited toward the course requirements.

c. A ~~practicum/internship~~ graduate-level clinical practicum in marital and family therapy of at least 300 clock hours is required for all applicants. ~~The internship hours may be used to count toward the supervision requirement.~~

31.4(3) ~~All courses must be at least three graduate semester credit hours. One semester hour shall equal 15 clock hours of course time. A course may not be used more than once to fulfill more than one content area.~~

ITEM 6. Amend rule 645—31.5(154D) as follows:

645—31.5(154D) Clinical experience requirements for marital and family therapists.

31.5(1) The supervised clinical experience shall:

a. Be a minimum of two years of full-time supervised clinical work experience in marital and family therapy;

b. Be completed following the practicum and all graduate coursework, with the exception of the thesis;

c. Include successful completion of at least ~~200~~ 300 hours of clinical supervision concurrent with ~~1,000~~ 2,000 hours of marital and family therapy conducted in ~~face-to-face contact~~ person with couples, families, and individuals;

~~d. Have only supervised clinical contact credited for this requirement; and~~

~~e. d.~~ Include at least ~~400~~ 150 of the ~~200~~ 300 hours of clinical supervision as individual supervision;

e. Have 50 percent (150 hours) of the clinical supervision conducted in person; and

f. Have only supervised clinical contact credited for this requirement.

31.5(2) To meet the requirements of the supervised clinical experience:

a. The supervisee must:

(1) Meet with the supervisor for a minimum of one hour per week, ~~face-to-face and individually~~;

(2) Have training that is appropriate to the functions to be performed;

(3) Offer documentation in the name of the supervising marital and family therapist;

(4) Begin the experience after all academic requirements are met for the master's degree or higher;

- (5) Compute part-time employment on a prorated basis for the supervised professional experience;
 - (6) Have the background, training, and experience that is appropriate to the functions performed;
 - (7) Have supervision that is clearly distinguishable from personal psychotherapy and is contracted in order to serve professional/vocational goals;
 - (8) Have individual supervision that shall be ~~face-to-face~~ in person with no more than one supervisor to two supervisees;
 - (9) Have group supervision that may be completed with up to ~~six~~ ten supervisees and a supervisor; and
 - (10) Not participate in the following activities which are deemed unacceptable for clinical supervision:
 - 1. Peer supervision, i.e., supervision by a person of equivalent, but not superior, qualifications, status, and experience.
 - 2. Supervision, by current or former family members, or any other person, in which the nature of the personal relationship prevents, or makes difficult, the establishment of a professional relationship.
 - 3. Administrative supervision, e.g., clinical practice performed under administrative rather than clinical supervision of an institutional director or executive.
 - 4. A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar.
 - 5. Consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.
- b.* The supervisor shall:
- (1) Be an Iowa licensed marriage and family therapist with at least five years of clinical experience following licensure; or
 - (2) Be a supervisor or supervisor ~~in training~~ candidate approved by the American Association for Marriage and Family Therapy Commission on Supervision; or
 - (3) Be an alternate supervisor who possesses qualifications equivalent to a licensed marital and family therapist or satisfies the criteria for clinical membership of the American Association of Marriage and Family Therapy (AAMFT) and has at least five years of clinical experience following licensure; and
 - (4) Meet a minimum of one hour per week, ~~face-to-face and individually~~ with the supervisee; and
 - (5) Provide training that is appropriate to the functions to be performed; and
 - (6) Ensure that therapeutic work is completed under the professional supervision of a supervisor; and
 - (7) Not supervise any marital and family therapy or permit the supervisee to engage in any therapy which the supervisor cannot perform competently.

31.5(3) No change.

ITEM 7. Rescind rule 645—31.6(154D) and adopt the following new rule in lieu thereof:

645—31.6(154D) Educational qualifications for mental health counselors. The applicant must present proof of meeting the following educational requirements for a mental health counselor:

31.6(1) Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of 60 semester hours (or equivalent quarter hours) or a doctoral degree in counseling with emphasis in mental health counseling from a mental health counseling program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) from a college or university accredited by an agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation; or

31.6(2) Content equivalent program. Applicants must present an official transcript verifying completion of a master's degree or a doctoral degree from a college or university accredited by an agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation which is content-equivalent to a master's degree in counseling with emphasis in mental health counseling. After March 31, 2009, graduates from non-CACREP-accredited mental health counseling programs shall provide an equivalency evaluation of their educational credentials by the Center for Credentialing and Education, Inc., (CCE) Web site <http://cce-global.org>. The professional

curriculum must be equivalent to that stated in these rules. Applicants shall bear the expense of the curriculum evaluation. The degree will be considered as “content-equivalent” if it includes 60 semester hours (or equivalent quarter hours) and successful completion of graduate-level coursework in each of the following areas:

a. Professional identity. Studies that provide an understanding of all of the following aspects of professional functioning:

- (1) History and philosophy of the counseling profession, including significant factors and events;
- (2) Professional roles, functions, and relationships with other providers of human services;
- (3) Technological competence and computer literacy;
- (4) Professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;
- (5) Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- (6) Public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession;
- (7) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
- (8) Ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

b. Social and cultural diversity. Studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

- (1) Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
- (2) Attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
- (3) Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
- (4) Counselors’ roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind or body;
- (5) Theories of multicultural counseling, theories of identity development, and multicultural competencies; and
- (6) Ethical and legal considerations.

c. Human growth and development. Studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

- (1) Theories of individual and family development and transitions across the life span;
- (2) Theories of learning and personality development;
- (3) Human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
- (4) Strategies for facilitating optimum development over the life span; and
- (5) Ethical and legal considerations.

d. Career development. Studies that provide an understanding of career development and related life factors, including all of the following:

- (1) Career development theories and decision-making models;
- (2) Career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems;

- (3) Career development program planning, organization, implementation, administration, and evaluation;
- (4) Interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development;
- (5) Career and educational planning, placement, follow-up, and evaluation;
- (6) Assessment instruments and techniques that are relevant to career planning and decision making;
- (7) Technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate worldwide Web site;
- (8) Career counseling processes, techniques, and resources, including those applicable to specific populations; and
- (9) Ethical and legal considerations.

e. Helping relationships. Studies that provide an understanding of counseling and consultation processes, including all of the following:

- (1) Counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
- (2) An understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;
- (3) Counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;
- (4) A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling;
- (5) A general framework for understanding and practicing. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation;
- (6) Integration of technological strategies and applications within counseling and consultation processes; and
- (7) Ethical and legal considerations.

f. Group work. Studies that provide both theoretical and experiential understanding of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:

- (1) Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;
- (2) Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;
- (3) Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
- (4) Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;
- (5) Approaches used for other types of group work, including task groups, psychoeducational groups, and therapy groups;
- (6) Professional preparation standards for group leaders; and

- (7) Ethical and legal considerations.
- g. *Assessment.* Studies that provide an understanding of individual and group approaches to assessment and evaluation, including the following:
 - (1) Historical perspectives concerning the nature and meaning of assessment;
 - (2) Basic concepts of standardized and nonstandardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;
 - (3) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;
 - (4) Reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);
 - (5) Validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity);
 - (6) Age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations;
 - (7) Strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling;
 - (8) An understanding of general principles and methods of case conceptualization, assessment, or diagnoses of mental and emotional status; and
 - (9) Ethical and legal considerations.
- h. *Research and program evaluation.* Studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:
 - (1) The importance of research and opportunities and difficulties in conducting research in the counseling profession;
 - (2) Research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;
 - (3) Use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy;
 - (4) Principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications;
 - (5) Use of research to improve counseling effectiveness; and
 - (6) Ethical and legal considerations.
- i. *Diagnosis, assessment and treatment planning.* Studies that provide an understanding of individual and group approaches to assessment and evaluation. Studies in this area include, but are not limited to, the following:
 - (1) The principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual;
 - (2) The established diagnostic criteria for mental or emotional disorders that describe treatment modalities and placement criteria within the continuum of care;
 - (3) The impact of co-occurring substance use disorders on medical and psychological disorders;
 - (4) The relevance and potential biases of commonly used diagnostic tools as related to multicultural populations;
 - (5) The appropriate use of diagnostic tools, including the current edition of the Diagnostic and Statistical Manual, to describe the symptoms and clinical presentation of clients with mental or emotional impairments; and
 - (6) The ability to conceptualize accurate multi-axial diagnoses of disorders presented by clients and how to communicate the differential diagnosis to clients' managed care and insurance companies or other third-party payers.
- j. *Psychopathology.* Studies that provide an understanding of emotional and mental disorders experienced by persons of all ages, characteristics of disorders, and common nosologies of emotional

and mental disorders utilized within the U.S. health care system for diagnosis and treatment planning. Studies in this area include, but are not limited to, the following:

- (1) Study of cognitive, behavioral, physiological and interpersonal mechanisms for adapting to change and to stressors;
- (2) Role of genetic, physiological, cognitive, environmental and interpersonal factors, and their interactions, on development of the form, severity, course and persistence of the various types of disorders and dysfunction;
- (3) Research methods and findings pertinent to the description, classification, diagnosis, origin, and course of disorders and dysfunction;
- (4) Theoretical perspectives relevant to the origin, development, and course and outcome for the forms of behavior disorders and dysfunction; and
- (5) Methods of intervention or prevention used to minimize and modify maladaptive behaviors, disruptive and distressful cognition, or compromised interpersonal functioning associated with various forms of maladaptation.

k. Practicum. A graduate-level clinical supervised counseling practicum in which students must complete supervised practicum experiences that total a minimum of 100 clock hours prior to getting the master's degree. The practicum provides for the development of counseling skills under supervision. The student's practicum includes all of the following:

- (1) Forty hours of direct service with clients, including experience in individual counseling and group work;
- (2) Weekly interaction with an average of one hour per week of individual and triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;
- (3) An average of one and one-half hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member; and
- (4) Evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum.

l. Internship. A graduate-level clinical supervised counseling internship that requires students to complete a supervised internship of 600 clock hours that is begun after successful completion of the student's practicum and prior to getting the master's degree. The internship provides an opportunity for the student to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform. The student's internship includes all of the following:

- (1) A minimum of 240 hours of direct service with clientele appropriate to the program of study;
- (2) A minimum of one hour per week of individual supervision and triadic supervision, throughout the internship, usually performed by the on-site supervisor;
- (3) A minimum of one and one-half hours per week of group supervision, throughout the internship, usually performed by a program faculty member supervisor;
- (4) The opportunity for the student to become familiar with a variety of professional activities in addition to direct service (e.g., record keeping, supervision, information and referral, in-service and staff meetings);
- (5) The opportunity for the student to develop program-appropriate audiotapes or videotapes, or a combination of both, of the student's interactions with clients for use in supervision;
- (6) The opportunity for the student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and nonprint media, professional literature, and research; and
- (7) A formal evaluation of the student's performance during the internship by a program faculty member in consultation with the site supervisor.

If the applicant has taught a graduate-level course as outlined above at a college or university accredited by an agency recognized by the United States Department of Education or the Council on Professional Accreditation, that course may be credited toward the course requirement.

31.6(3) Foreign-trained marital and family therapists or mental health counselors. Foreign-trained marital and family therapists or mental health counselors shall:

a. Provide an equivalency evaluation of their educational credentials by the following: International Educational Research Foundations, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665; telephone (310)258-9451; Web site www.ierf.org or E-mail at info@ierf.org. The professional curriculum must be equivalent to that stated in these rules. A candidate shall bear the expense of the curriculum evaluation.

b. Provide a notarized copy of the certificate or diploma awarded to the applicant from a mental health counselor program in the country in which the applicant was educated.

c. Receive a final determination from the board regarding the application for licensure.

ITEM 8. Amend subrules 31.7(1) and 31.7(2) as follows:

31.7(1) The supervised clinical experience shall:

a. Be a minimum of two years of full-time supervised professional work experience in mental health counseling;

b. Be completed following completion of the practicum and all graduate coursework, with exception of the thesis;

c. Include successful completion of at least ~~200~~ 300 hours of clinical supervision concurrent with ~~1,000~~ 2,000 hours of mental health counseling conducted in ~~face-to-face contact~~ person with individuals, couples or families;

~~d. Have only supervised clinical contact credited for this requirement; and~~

~~e. d.~~ Include at least ~~400~~ 150 of the ~~200~~ 300 hours of supervision as individual supervision;

e. Include 50 percent (150 hours) of all clinical supervision in person; and

f. Have only supervised clinical contact credited for this requirement.

31.7(2) To meet the requirements of the supervised clinical experience:

a. The supervisee must:

(1) Meet with the supervisor a minimum of one hour per week, ~~face-to-face and individually;~~

(2) Have training that is appropriate to the functions to be performed;

(3) Offer documentation in the name of the supervising mental health counselor;

(4) Begin the experience after all academic requirements are met for the master's degree or higher;

(5) Compute part-time employment on a prorated basis for the supervised professional experience;

(6) Have the background, training, and experience that are appropriate to the functions performed;

(7) Have supervision that is clearly distinguishable from personal counseling and is contracted in order to serve professional/vocational goals;

(8) Have individual supervision that shall be ~~face-to-face~~ in person with no more than one supervisor to two supervisees;

(9) Have group supervision that may be completed with up to ~~six~~ ten supervisees and a supervisor; and

(10) Not participate in the following activities which are deemed unacceptable for clinical supervision:

1. Peer supervision, i.e., supervision by a person of equivalent, but not superior, qualifications, status, and experience.

2. Supervision, by current or former family members, or any other person, in which the nature of the personal relationship prevents, or makes difficult, the establishment of a professional relationship.

3. Administrative supervision, e.g., clinical practice performed under administrative rather than clinical supervision of an institutional director or executive.

4. A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar.

5. Consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

b. The supervisor:

- (1) May be a licensed mental health counselor in Iowa with at least five years of postlicensure clinical experience; or
- (2) Shall be approved by the National Board for Certified Counselors (NBCC) as a supervisor; or
- (3) May be an alternate supervisor who possesses qualifications equivalent to a licensed mental health counselor with at least five years of postlicensure clinical experience, including mental health professionals licensed pursuant to Iowa Code chapter 147; and
- (4) Shall meet a minimum of one hour per week, ~~face to face and individually~~ with the supervisee; and
- (5) Shall provide training that is appropriate to the functions to be performed; and
- (6) Shall ensure that therapeutic work is done under the professional supervision of a supervisor; and
- (7) Shall not supervise any mental health counselor or permit the supervisee to engage in any therapy which the supervisor cannot perform competently.

ITEM 9. Amend rule 645—31.8(154D) as follows:

645—31.8(154D) Licensure by endorsement. An applicant who has been a licensed marriage and family therapist or mental health counselor under the laws of another jurisdiction may file an application for licensure by endorsement with the board office. The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

1. to 3. No change.
4. Provides official ~~copies of the academic~~ transcripts sent directly from the school to the board verifying completion of a master's degree of 45 hours or equivalent if degree was completed prior to June 30, 2008, or verifying completion of a master's degree of 60 hours or equivalent after July 1, 2008, or the appropriate doctoral degree. After March 31, 2009, graduates from a non-CACREP-accredited mental health counselor program or a non-COAMFTE marital and family therapy accredited program shall provide an equivalency evaluation of their educational credentials by the Center for Credentialing and Education, Inc., Web site <http://cce-global.org>. The professional curriculum must be equivalent to that stated in these rules. Applicants shall bear the expense of the curriculum evaluation;

5. to 7. No change.

ITEM 10. Strike “board of behavioral science examiners” wherever it appears in **645—Chapter 33** and insert “board of behavioral science” in lieu thereof.

ITEM 11. Amend paragraph **33.2(1)“b”** as follows:

b. Mental health counselors. Failure to comply with the current Code of Ethics of the American ~~Mental Health Counselors Association (AMHCA)~~ Counseling Association (ACA), which is hereby adopted by reference. Copies of the Code of Ethics may be obtained from the ~~AMHCA~~ ACA Web site.

ITEM 12. Renumber subrules **33.2(30)** and **33.2(31)** as **33.2(32)** and **33.2(33)**.

ITEM 13. Adopt the following **new** subrules 33.2(30) and 33.2(31):

33.2(30) Sexual relationships.

- a. Current clients.* A licensee shall not engage in sexual activities or sexual contact with a client, regardless of whether such contact is consensual or nonconsensual.
- b. Former clients.* A licensee shall not engage in sexual activities or sexual contact with a former client within the five years following termination of the client relationship. A licensee shall not engage in sexual activities or sexual contact with a former client, regardless of the length of time elapsed since termination of the client relationship, if the client has a history of physical, emotional, or sexual abuse or if the client has ever been diagnosed with any form of psychosis or personality disorder or if the client is likely to remain in need of therapy due to the intensity or chronicity of a problem.
- c.* A licensee shall not engage in sexual activities or sexual contact with a client's or former client's spouse or significant other.

d. A licensee shall not engage in sexual activities or sexual contact with a client's or former client's relative within the second degree of consanguinity (client's parent, grandparent, child, grandchild, or sibling) when there is a risk of exploitation or potential harm to a client or former client.

e. A licensee shall not provide clinical services to an individual with whom the licensee has had prior sexual contact.

33.2(31) *Physical contact.* A licensee shall not engage in physical contact with a client when there is a possibility of psychological harm to the client as a result of the contact. A licensee who engages in appropriate physical contact with a client is responsible for setting clear, appropriate, and culturally and age-sensitive boundaries which govern such contact.

ITEM 14. Rescind and reserve rule **645—33.5(154D)**.

ITEM 15. Rescind and reserve **645—Chapter 34**.